

# PUBLICATIONS AND DISTRIBUTION REQUEST FORM

All shaded areas for Publications and Distribution use only.

1. Person to Contact	Telephone No.	FAX No.	Routing Symbol	2. Oper. Admin.	Date Submitted	3. Schd. Compl. Date	4. Req. Number
5. Type of Service Requested (Check the following) <input type="checkbox"/> PRINTING <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> DIGITAL PRE-PRESS <input type="checkbox"/> ON-LINE PUBLICATIONS						<input type="checkbox"/> RUSH / SURCHARGE Authorized to meet date.	
6. Title or Description of Services (See item 22 for additional or special instructions)							INHOUSE No.
							Date
7. Pages (Not Sheets) of Material Submitted			8. Quantity (Units of Finished Product)		Finished Product Type		Printing Completion Date
Cam. Copy	Negs/Pos.	Photos	Elect. Media <input type="checkbox"/> Zip* <input type="checkbox"/> CD ROM*	Total No. of Pgs.	<input type="checkbox"/> Books or Pamphlets <input type="checkbox"/> Folders <input type="checkbox"/> Posters	<input type="checkbox"/> Envelopes <input type="checkbox"/> Brochures <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Business Cards <input type="checkbox"/> Pads or Tablets
* Electronic Media-Supply "Desktop Publishing Disk Information" (Form 952)							Distrib. Completion Date
9. Appropriation Number				10. OA Est. Cost.	INHOUSE Est. Cost	INHOUSE Actual Cost	Date
							Initials

## Printing and Binding Instructions

11. Type of Paper	Kind (Include Color of Stock)	Sub.	Finished Size	12. Color of Ink	PMS No.
Text			<input type="checkbox"/> 8-1/2" x 11" <input type="checkbox"/> Other		
Cover			<input type="checkbox"/> 8-1/2" x 11" <input type="checkbox"/> Other		
Other (Specify)					
13. Proofs Wanted Indicate Kind <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Blueine <input type="checkbox"/> Cromalin <input type="checkbox"/> Colorkey <input type="checkbox"/> Other _____ Proofs Hold Time _____ (Workdays)		14. Print <input type="checkbox"/> One Side Only <input type="checkbox"/> Head to Foot <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Side (See Sample)		15. Fold To _____ x _____ <input type="checkbox"/> Perforated <input type="checkbox"/> Trim 4 Side <input type="checkbox"/> Paste	
16. Press Sheet Inspection OA Attending Press Sheet Inspection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		Binding <input type="checkbox"/> Upper Left (1) <input type="checkbox"/> Side (2) <input type="checkbox"/> Perf Bound <input type="checkbox"/> Saddle <input type="checkbox"/> Loose Leaf <input type="checkbox"/> Speedy Seal <input type="checkbox"/> Shrinkwrap <input type="checkbox"/> Other _____ Units of _____			
17. Drilling <input type="checkbox"/> 3 Ring Binder <input type="checkbox"/> Other: _____			Negatives: <input type="checkbox"/> Destroy <input type="checkbox"/> Hold <input type="checkbox"/> Return to: _____		

## Delivery and Distribution Instructions

18. Delivery Instructions	<input type="checkbox"/> By Mail Messenger <input type="checkbox"/> Call Extn. _____		<input type="checkbox"/> Deliver to Contractor	Deliver According to <input type="checkbox"/> Following Data <input type="checkbox"/> Attached List/Disk	
	Quantity (Units)	Deliver To:			
19. Distribute To	Washington Headquarters	Field	Mailing Lists	Fold To:	Copies
					8 1/2 x 5 1/2
					8 1/2 x 3 5/8
					Speedy Seal
					Self-Mailer
<input type="checkbox"/> Copies to Contractor:			<input type="checkbox"/> For Instructions Call:		
			Dist. Clear.		

## 20. Digital Pre-press Instructions

Special Instructions:

## 21. On-Line Publications Instructions

Include in On-Line Publications System? <input type="checkbox"/> YES <input type="checkbox"/> NO URL Website, <a href="http://isddc.dot.gov">http://isddc.dot.gov</a>	Customer Provided: <input type="checkbox"/> Camera Copy <input type="checkbox"/> Zip Disk/CD ROM (Please furnish in TIFF or PDF format only.)
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22. Additional or Special Instructions for ☐ Printing, ☐ Distribution, ☐ Digital Pre-press and ☐ On-Line Publications. (Submit attachment if necessary)

23. It is certified that this work is authorized by law and necessary to the conduct of the business of this organization, and the illustrations ordered are necessary and relate entirely to the public business. Requesting Office (Signature)	Routing Symbol	24. Approving Official (Signature)	Routing Symbol
	Date		Date

# **Publications and Distribution Request Form**

## ***Instructions***

*All shaded areas will be completed and used by the Publications and Distribution staff.*

1. PERSON TO CONTACT: Name of the person who can answer questions about the services required. Telephone number, fax no., routing symbol.
2. OPERATING ADMINISTRATION (OA): Enter the identifying abbreviation, i.e., OST, OIG, FAA, FHWA, FRA, NHTSA, FTA, SLS, STB, MARAD, RSPA, BTS, & FMCSA.
3. SCHEDULED COMPLETION DATE: Enter the date you request the finished product. This is the date that you require all services to be completed by Publications and Distribution Services. In addition this date represents delivery to the U.S. Postal Service on jobs requiring mailing. Additional information can be provided under Item 22 to meet specific requirements, i.e, at destination requirements or special mailing/shipping instructions, if necessary.
4. REQUISITION NUMBER: This area is reserved for your internal control number, if necessary.
5. TYPE OF SERVICE REQUESTED: Check applicable box/boxes for the type of service(s).
6. TITLE/DESCRIPTION: Enter the title or a description if there is no title.
7. PAGES: Indicate number of pages, number of camera copies, number of negatives and/or positives, number of photos and electronic media furnished. If electronic media is furnished please attach Desktop Publishing Disk Information (Form 952).
8. QUANTITY: Enter the number of finished units required and check the type of product.
9. APPROPRIATION NUMBER: Enter the appropriation code to be charged.
10. ESTIMATED COST: This space is available for your internal estimating purposes.
- 11.–17. PRINTING AND BINDING INSTRUCTIONS: Complete all applicable data.
18. DELIVERY INSTRUCTIONS: Specify the delivery destination(s) of the completed services.
19. DISTRIBUTE TO: Complete all applicable items for materials to be distributed by Publications and Distribution Services. Indicate distribution coding to provide required coverage. Additional information can be provided under Item 22.
20. DIGITAL PRE-PRESS INSTRUCTIONS: Complete all special digital file instructions. If you require Graphic Services, please complete "Request for Graphic Services," Form 1710.2.
21. ON-LINE PUBLICATIONS: For your publication to be available in the On-Line Publications System, provide camera copy for scanning, or electronic media, in TIFF or PDF format.
22. ADDITIONAL OR SPECIAL INSTRUCTIONS: Use this area for any additional remarks.
23. REQUESTING OFFICE: Type the name and title of the Requesting Official. Signature and date of the Requesting Official are required to process the request.
24. APPROVING OFFICIAL: Signature and date of the Approving Official if required by your organization.

**1 INHOUSE COPY**

**2 CUSTOMER ESTIMATE COPY**

**3 DISTRIBUTION COPY**

**4 DIGITAL PRE-PRESS COPY**

**5 DIGITAL DOCUMENT CENTER COPY**

**6 ON-LINE PUBLICATIONS COPY**

**7 CUSTOMER COPY**